



**State of Montana**  
**DEPARTMENT OF CORRECTIONS**  
**USE OF FORCE INFORMATION SHEET**

**OFFENDER INFORMATION**

**Offender**  
**Name:** \_\_\_\_\_ **DOC**  
**ID#:** \_\_\_\_\_ **Unit** \_\_\_\_\_ **Custody:** \_\_\_\_\_  
**Race Code:** ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other

**INCIDENT INFORMATION**

**Date of Incident** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ **Place of Incident:** \_\_\_\_\_  
**On-Scene Supervisor:** \_\_\_\_\_ **Planned/Immediate Use of Force:** \_\_\_\_\_

**Photographed?** ☐ Yes ☐ No **Videotaped?** ☐ Yes ☐ No **Processed as Evidence** ☐ Yes ☐ No

**Administrator Notified?:** ☐ Yes ☐ No **Date Notified:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_

**On-Scene Medical Staff:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_

**Medical Evaluation Completed?:** ☐ Yes ☐ No **By :** \_\_\_\_\_

**Reporting Shift**  
**Supervisor:** \_\_\_\_\_

**Level of Force Applied**

- ☐ Physical Force/Self Defense
- ☐ Restraints
- ☐ OC
- ☐ Chemical Agent
- ☐ Batons
- ☐ Distraction Device
- ☐ Conductive Energy Device
- ☐ SIMS

**Lethal:**

- ☐ Firearm
- ☐ Other

**Reason for Force**

- ☐ Self Defense/Defense of another
- ☐ Maintenance of Security
- ☐ Prevention of a Crime
- ☐ Prevention of Suicide/Self Mutilation
- ☐ Prevention of Escape
- ☐ Destruction of Property
- ☐ Refusal of an Order

**Staff Involved**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Report Filed**

☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

**Offenders Involved**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

**Victims or Others Involved**

\_\_\_\_\_  
\_\_\_\_\_

☐ Yes ☐ No  
☐ Yes ☐ No